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## BIB DATA SHEET

CONFIRMATION NO. 6387

<b>SERIAL NUMBER</b> 10/025,183	<b>FILING or 371(c) DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 279.391US1		
<b>APPLICANTS</b> Jeffrey A. Von Arx, Minneapolis, MN; Keith Johnson, Shoreview, MN; Scott T. Mazar, Inver Grove Heights, MN; William J. Linder, Golden Valley, MN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/28/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/GEORGE MANUEL/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> SCHWEGMAN, LUNDBERG & WOESSNER, P.A. P.O. BOX 2938 MINNEAPOLIS, MN 55402 UNITED STATES						
<b>TITLE</b> IMPLANTABLE MEDICAL DEVICE WITH TWO OR MORE TELEMETRY SYSTEMS						
<b>FILING FEE RECEIVED</b> 1506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			